

CaliforniaChoice®

EXCITING NEWS and **SUMMARY OF CHANGES**

Groups Renewing 1.1.2027 - 1.1.2027



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For more information on changes, please contact our
Customer Service Center at **800.558.8003**

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice[®] Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

Each plan offered in the CaliforniaChoice Program meets the requirements of the Affordable Care Act (ACA).

Beginning September 23, 2012, health care reform required that employees have access to Summary of Benefits and Coverage (SBC) documents for the plans made available to them. SBCs can be found at calchoice.com/Public/Forms. To request a printed copy, please contact our Customer Service Center at 800.558.8003.

Thank you for renewing your benefits with CaliforniaChoice®. As you go through your renewal, please be aware of the additions and/or changes below.

Anthem Blue Cross Adds Out-of-State Availability to Select PPO Network

Anthem Blue Cross is adding Out-of State availability to two existing plans; Gold PPO C and Gold PPO D. Both plans include the Select PPO Network.

UnitedHealthcare Adds Three New HMO Options

UnitedHealthcare is adding three new HMO options, Gold HMO C, HMO D and HMO E. The Gold HMO C plan includes the SignatureValue Network, the Gold HMO D plan includes the Alliance Network and the Gold HMO E plan includes the Harmony Network.

Western Health Advantage Adds Two New HMO Options

Western Health Advantage is adding two new HMO options, Platinum HMO D and Silver HMO D. Both plans include the Full Network.

SUMMARY OF CHANGES

Groups Renewing 1.1.2027 - 1.1.2027

PLEASE DISTRIBUTE TO ALL EMPLOYEES

Below is an overview of changes and updates that will take effect at Renewal. For a complete listing of all benefits, limits and exclusions, please see the Evidence of Coverage or Certificate of Insurance.

General Administrative Changes - Affordable Care Act Impactors

Effective January 1, 2027, the following Plans will no longer be available as an option in the CaliforniaChoice Program:

- Health Net Platinum HMO F, HMO G, HMO H and HMO I
- UnitedHealthcare Gold HMO O, HMO P and HMO Q
- Western Health Advantage Platinum HMO A and Silver HMO A

New HSA Contribution Amounts for 2027

Now you can contribute up to \$4,500 for individual coverage and \$9,000 for family coverage.

Anthem Blue Cross

Anthem Blue Cross All Plans

- The Adult Vision Exam benefit (IN) has changed from "\$20 Copay" to "**100%**"

Anthem Blue Cross Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$2,500/\$5,000" to "**\$3,900/\$7,800**"

Anthem Blue Cross Platinum HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$3,350/\$6,700" to "**\$3,900/\$7,800**"

Anthem Blue Cross Platinum HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$2,500/\$5,000" to "**\$3,200/\$6,400**"

Anthem Blue Cross Platinum HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$2,100/\$4,200" to "**\$4,600/\$9,200**"
- The Out-Patient Surgical Facility benefit has changed from "\$150 Copay" to "**\$250 Copay**"

Anthem Blue Cross Gold HMO A, HMO B and HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,250/\$14,500" to "**\$7,600/\$15,200**"

Anthem Blue Cross Silver HMO A and HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$10,150/\$20,300" to "**\$11,500/\$23,000**"

Anthem Blue Cross Silver HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$10,150/\$20,300" to "**\$11,200/\$22,400**"

Anthem Blue Cross Platinum PPO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$5,000/\$10,000" to "**\$5,750/\$11,500**" for (IN) and from "\$10,000/\$20,000" to "**\$11,500/\$23,000**" for (OON)
- The Ambulatory Surgery Center benefit (IN) has changed from "\$50 Copay per admit - 90%" to "**\$100 Copay** per admit - 90%"
- The Generic prescription benefit (IN) has changed from "Level 1 \$5 Copay/Level 2 \$15 Copay" to "**Level 1 \$10 Copay**/Level 2 \$15 Copay"

Anthem Blue Cross - Continued

- The Formulary Brand prescription benefit (IN) has changed from "Level 1 \$15 Copay/Level 2 \$25 Copay" to "**Level 1 \$35 Copay/Level 2 \$50 Copay**"
- The Non-Formulary Brand prescription benefit (IN) has changed from "Level 1 \$45 Copay/Level 2 \$55 Copay" to "**Level 1 \$55 Copay/Level 2 \$65 Copay**"

Anthem Blue Cross Gold PPO C and PPO E

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,700/\$15,400" to "**\$9,000/\$18,000**" for (IN) and from "\$15,400/\$30,800" to "**\$18,000/\$36,000**" for (OON)
- The Emergency Room benefit has changed from "\$250 Copay (waived if admitted) - 80%" to "**\$400 Copay** (waived if admitted) - 80%" for (IN) and (OON)
- The Ambulatory Surgery Center benefit (IN) has changed from "\$50 Copay per admit - 80%" to "**\$100 Copay** per admit - 80%"

Anthem Blue Cross Gold PPO I

- The Out-of-Pocket Maximum for individual/family has changed from "\$10,150/\$20,300" to "**\$10,500/\$21,000**" for (IN) and from "\$20,300/\$40,600" to "**\$21,000/\$42,000**" for (OON)
- The Laboratory and X-Ray benefits (IN) have changed from "\$15 Copay" to "**\$25 Copay**"
- The Out-Patient Surgical Facility benefit (IN) has changed from "\$250 Copay per admit - 70%" to "**\$300 Copay** per admit - 70%"
- The Ambulatory Surgery Center benefit (IN) has changed from "\$50 Copay per admit - 70%" to "**\$150 Copay** per admit - 70%"
- The Generic prescription benefit (IN) has changed from "Level 1 \$10 Copay/Level 2 \$20 Copay" to "**Level 1 \$20 Copay/Level 2 \$30 Copay**"

Anthem Blue Cross Silver PPO B and PPO C

- The Calendar Year Deductible has changed from "\$1,700/\$3,400 (applies to Max OOP)" to "**\$1,900/\$3,800** (applies to Max OOP)" for (IN) and from "\$3,400/\$6,800 (applies to Max OOP)" to "**\$3,800/\$7,600** (applies to Max OOP)" for (OON)
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$10,100/\$20,200**" for (IN) and from "\$18,200/\$36,400" to "**\$20,200/\$40,400**" for (OON)
- The Laboratory and X-Ray benefits (IN) have changed from "\$20 Copay (ded waived)" to "**\$25 Copay** (ded waived)"
- The Emergency Room benefit has changed from "\$300 Copay (waived if admitted) - 60%" to "**\$500 Copay** (waived if admitted) - 60%" for (IN) and (OON)
- The Out-Patient Surgical Facility benefit (IN) has changed from "\$250 Copay per admit - 60%" to "**\$300 Copay** per admit - 60%"

Anthem Blue Cross - Continued

- The Ambulatory Surgery Center benefit (IN) has changed from "\$50 Copay per admit - 60%" to "**\$150 Copay** per admit - 60%"

Anthem Blue Cross Silver PPO D and PPO E

- The Calendar Year Deductible has changed from "\$3,000/\$3,400/\$6,000 (combined Med/Rx ded) (applies to Max OOP)" to "**\$3,000/\$3,500/\$6,000** (combined Med/Rx ded) (applies to Max OOP)" for (IN) and from "\$6,000/\$6,800/\$12,000 (combined Med/Rx ded) (applies to Max OOP)" to "**\$6,000/\$7,000/\$12,000** (combined Med/Rx ded) (applies to Max OOP)" for (OON)

Anthem Blue Cross Silver PPO F

- The Out-of-Pocket Maximum for individual/family has changed from "\$10,150/\$20,300" to "**\$10,600/\$21,200**" for (IN) and from "\$20,300/\$40,600" to "**\$21,200/\$42,400**" for (OON)

Anthem Blue Cross Bronze PPO A and PPO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,350/\$14,700" to "**\$8,500/\$17,000**" for (IN) and from "\$14,700/\$29,400" to "**\$17,000/\$34,000**" for (OON)

Anthem Blue Cross Bronze PPO C and PPO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,500/\$17,000" to "**\$9,100/\$18,200**" for (IN) and from "\$17,000/\$34,000" to "**\$18,200/\$36,400**" for (OON)
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits (IN) have changed from "60%" to "**\$65 Copay (ded waived)**"

Health Net

Health Net Platinum HMO C, HMO E and HMO J

- The Out-of-Pocket Maximum for individual/family has changed from "\$2,700/\$5,400" to "**\$5,500/\$11,000**"
- The MRI, CT and PET (office setting) benefit has changed from "\$250 Copay per procedure" to "**\$350 Copay** per procedure"
- The following benefits have changed from "\$600 Copay per day - 4 days max" to "**\$500 Copay** per day - 4 days max":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$250 Copay (waived if admitted)" to "**\$350 Copay** (waived if admitted)"
- The Out-Patient Surgical Facility benefit has changed from "\$500 Copay" to "**\$400 Copay**"
- The Ambulatory Surgery Center benefit has changed from "\$200 Copay" to "**\$160 Copay**"
- The Ambulance Services benefit has changed from "\$250 Copay" to "**\$350 Copay**"

Health Net Gold HMO A and HMO G

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,750/\$15,500" to "**\$8,700/\$17,400**"
- The MRI, CT and PET (office setting) benefit has changed from "\$325 Copay per procedure" to "**\$400 Copay** per procedure"
- The Emergency Room benefit has changed from "\$325 Copay (waived if admitted)" to "**\$400 Copay** (waived if admitted)"
- The Ambulance Services benefit has changed from "\$325 Copay" to "**\$400 Copay**"

Health Net Gold HMO B and HMO I

- The Out-of-Pocket Maximum for individual/family has changed from "\$7,500/\$15,000" to "**\$9,500/\$19,000**"
- The MRI, CT and PET (office setting) benefit has changed from "\$350 Copay per procedure" to "**\$400 Copay** per procedure"
- The following benefits have changed from "\$750 Copay per day - 5 days max" to "**\$750 Copay per day - 4 days max**":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity

Health Net - Continued

- The Emergency Room benefit has changed from "\$350 Copay (waived if admitted)" to "**\$400 Copay** (waived if admitted)"
- The Ambulance Services benefit has changed from "\$350 Copay" to "**\$400 Copay**"

Health Net Gold HMO C, HMO D, HMO E and HMO H

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,000/\$16,000" to "**\$9,250/\$18,500**"
- The MRI, CT and PET (office setting) benefit has changed from "\$325 Copay per procedure" to "**\$400 Copay** per procedure"
- The Emergency Room benefit has changed from "\$325 Copay (waived if admitted)" to "**\$400 Copay** (waived if admitted)"
- The Ambulance Services benefit has changed from "\$325 Copay" to "**\$400 Copay**"

Health Net Silver HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$10,150/\$20,300" to "**\$11,500/\$23,000**"

Kaiser Permanente

Kaiser Permanente Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$3,000/\$6,000" to "**\$4,800/\$9,600**"
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$20 Copay" to "**\$30 Copay**"
- The Laboratory benefit has changed from "\$20 Copay" to "**\$25 Copay**"
- The X-Ray benefit has changed from "\$40 Copay" to "**\$50 Copay**"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$300 Copay per procedure" to "**\$400 Copay** per procedure"
- The Generic prescription benefit has changed from "\$5 Copay" to "**\$10 Copay**"
- The Formulary Brand and Diabetes – Self-Injectable prescription benefits have changed from "\$15 Copay" to "**\$20 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$15 Copay (with physician approval)" to "**\$20 Copay** (with physician approval)"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$10 Copay" to "**100%**"

Kaiser Permanente Platinum HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,500/\$9,000" to "**\$5,000/\$10,000**"
- The following benefits have changed from "\$20 Copay" to "**\$25 Copay**":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Formulary Brand prescription
 - Diabetes – Self-Injectable
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$30 Copay" to "**\$40 Copay**"
- The X-Ray benefit has changed from "\$30 Copay" to "**\$35 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$100 Copay per procedure" to "**\$150 Copay** per procedure"
- The following benefits have changed from "\$250 Copay per day - 5 days max" to "**\$300 Copay** per day - 5 days max":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity

Kaiser Permanente - Continued

- The Emergency Room benefit has changed from "\$150 Copay (waived if admitted)" to "**\$250 Copay** (waived if admitted)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$125 Copay per procedure" to "**\$135 Copay** per procedure"
- The Generic prescription benefit has changed from "\$5 Copay" to "**\$10 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$20 Copay (with physician approval)" to "**\$25 Copay** (with physician approval)"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$20 Copay" to "**100%**"

Kaiser Permanente Platinum HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$3,250/\$6,500" to "**\$5,200/\$10,400**"
- The following benefits have changed from "\$30 Copay (ded waived)" to "**\$35 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$50 Copay (ded waived)" to "**\$55 Copay** (ded waived)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$300 Copay (ded waived) per procedure" to "**\$400 Copay** per procedure"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$30 Copay (ded waived)" to "**100%** (ded waived)"

Kaiser Permanente Gold HMO B

- The Calendar Year Deductible has changed from "\$250/\$500 (applies to Max OOP)" to "**\$325/\$650** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,800/\$15,600" to "**\$8,600/\$17,200**"
- The following benefits have changed from "\$35 Copay (ded waived)" to "**\$40 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices

Kaiser Permanente - Continued

- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)"
- The Laboratory benefit has changed from "\$35 Copay (ded waived)" to "**\$40 Copay** (ded waived)"
- The X-Ray benefit has changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)"
- The MRI, CT and PET (office setting) benefit has changed from "\$250 Copay per procedure" to "**\$350 Copay** per procedure"
- The Emergency Room benefit has changed from "\$250 Copay (waived if admitted)" to "**\$300 Copay** (waived if admitted)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$335 Copay per procedure" to "**\$350 Copay** per procedure"
- The Formulary Brand and Diabetes – Self-Injectable prescription benefits have changed from "\$40 Copay (overall ded waived)" to "**\$50 Copay** (overall ded waived)"
- The Non-Formulary Brand prescription benefit has changed from "\$40 Copay (overall ded waived) (with physician approval)" to "**\$50 Copay** (overall ded waived) (with physician approval)"
- The Skilled Nursing Facility benefit has changed from "\$300 Copay per day - 5 days max, 100 days max per benefit period" to "**\$500 Copay** per day - 5 days max, 100 days max per benefit period"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$35 Copay (ded waived)" to "**100%** (ded waived)"

Kaiser Permanente Gold HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,500/\$17,000" to "**\$9,500/\$19,000**"
- The following benefits have changed from "\$40 Copay" to "**\$50 Copay**":
 - Dr. Office Visits (PCP)
 - X-Ray
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$60 Copay" to "**\$85 Copay**"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$40 Copay" to "**100%**"

Kaiser Permanente - Continued

Kaiser Permanente Gold HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,200/\$16,400" to "**\$9,500/\$19,000**"
- The following benefits have changed from "\$40 Copay (ded waived)" to "**\$45 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The Laboratory benefit has changed from "\$30 Copay (ded waived)" to "**\$35 Copay** (ded waived)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$350 Copay per procedure" to "**\$400 Copay** per procedure"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$40 Copay (ded waived)" to "**100%** (ded waived)"

Kaiser Permanente Gold HMO E

- The Calendar Year Deductible has changed from "\$1,900/\$3,400/\$3,800 (combined Med/Rx ded) (applies to Max OOP)" to "**\$2,000/\$3,500/\$4,000** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$4,500/\$9,000" to "**\$5,000/\$10,000**"

Kaiser Permanente Gold HMO F

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,000/\$16,000" to "**\$9,500/\$19,000**"
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$60 Copay (ded waived)" to "**\$70 Copay** (ded waived)"
- The X-Ray benefit has changed from "\$50 Copay (ded waived)" to "**\$60 Copay** (ded waived)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$350 Copay per procedure" to "**\$400 Copay** per procedure"
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from "\$35 Copay (ded waived)" to "**100%** (ded waived)"

Kaiser Permanente Silver HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,100/\$18,200" to "**\$9,800/\$19,600**"

Kaiser Permanente - Continued

- The Specialty prescription benefit has changed from “\$500/\$1,000 Ded - 80% (up to \$250 per prescription) (combined Med/Rx ded) (with physician approval)” to “\$500/\$1,000 Ded - **70%** (up to \$250 per prescription) (combined Med/Rx ded) (with physician approval)”

Kaiser Permanente Silver HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,900/\$17,800” to “**\$9,500/\$19,000**”
- The X-Ray benefit has changed from “\$75 Copay” to “**\$80 Copay (ded waived)**”

Kaiser Permanente Silver HMO C

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,750/\$17,500” to “**\$9,200/\$18,400**”
- The following benefits have changed from “\$55 Copay (ded waived)” to “**\$60 Copay (ded waived)**”:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
- The following benefits have changed from “65%” to “**60%**”:
 - In-Patient Hospital Services
 - In-Patient Physician Fees
 - Emergency Room
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - Ambulance Services
 - Durable Medical Equipment
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - Out-Patient Physician Fees
 - In-Patient Maternity
- The Generic prescription benefit has changed from “\$19 Copay (ded waived)” to “**\$20 Copay (ded waived)**”
- The Formulary Brand and Diabetes – Self-Injectable prescription benefits have changed from “\$300/\$600 Ded - \$85 Copay” to “**\$350/\$700 Ded - \$90 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$300/\$600 Ded - \$85 Copay (with physician approval)” to “**\$350/\$700 Ded - \$90 Copay** (with physician approval)”

Kaiser Permanente - Continued

- The Specialty prescription benefit has changed from “\$300/\$600 Ded - 70% (up to \$250 per prescription) (with physician approval)” to “**\$350/\$700 Ded** - 70% (up to \$250 per prescription) (with physician approval)”
- The Chemotherapy benefit has changed from “65% (ded waived)” to “**60%** (ded waived)”
- The Skilled Nursing Facility benefit has changed from “65%, 100 days max per benefit period” to “**60%** , 100 days max per benefit period”

Kaiser Permanente Silver HMO D

- The Calendar Year Deductible has changed from “\$3,200/\$3,400/\$6,400 (combined Med/Rx ded) (applies to Max OOP)” to “**\$3,200/\$3,500/\$6,400** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$8,300/\$16,600” to “**\$8,700/\$17,400**”
- The Out-Patient Mental Health and Drug/Substance Abuse (office visit) benefits have changed from “100%” to “**75%**”

Kaiser Permanente Silver HMO E

- The Calendar Year Deductible has changed from “\$3,100/\$6,200 (combined Med/Rx ded) (applies to Max OOP)” to “**\$3,400/\$6,800** (combined Med/Rx ded) (applies to Max OOP)”

Kaiser Permanente Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$9,800/\$19,600” to “**\$11,650/\$23,300**”
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$95 Copay” to “**\$100 Copay**”

Kaiser Permanente Bronze HMO C

- The Calendar Year Deductible has changed from “\$7,200/\$14,400 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,800/\$15,600** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,200/\$14,400” to “**\$7,800/\$15,600**”

Sharp Health Plan

Sharp Health Plan Platinum HMO A

- The Laboratory and X-Ray benefits have changed from "100%" to "**\$20 Copay**"
- The following benefits have changed from "\$400 Copay" to "\$400 Copay **per day - 5 days max**":
 - In-Patient Hospital Services
 - Maternity and Newborn Care
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$200 Copay (waived if admitted)" to "**\$375 Copay** (waived if admitted)"
- The Skilled Nursing Facility benefit has changed from "\$200 Copay, 100 days max per benefit period" to "\$200 Copay **per day - 5 days max**, 100 days max per benefit period"

Sharp Health Plan Platinum HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,200/\$8,400" to "**\$4,600/\$9,200**"
- The following benefits have changed from "\$20 Copay" to "**\$15 Copay**":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The Laboratory and X-Ray benefits have changed from "100%" to "**\$20 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$100 Copay" to "**\$250 Copay**"
- The following benefits have changed from "85%" to "**80%**":
 - In-Patient Hospital Services
 - In-Patient Physician Fees
 - Emergency Room
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - Maternity and Newborn Care
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - Out-Patient Physician Fees
 - In-Patient Maternity

Sharp Health Plan - Continued

- The Home Health Care benefit has changed from "\$20 Copay, 100 visits max per year" to "**\$15 Copay**, 100 visits max per year"
- The Skilled Nursing Facility benefit has changed from "85%, 100 days max per benefit period" to "**80%**, 100 days max per benefit period"

Sharp Health Plan Platinum HMO C

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,400/\$8,800" to "**\$4,850/\$9,700**"
- The following benefits have changed from "\$10 Copay" to "**\$15 Copay**":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The following benefits have changed from "\$20 Copay" to "**\$35 Copay**":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The Laboratory benefit has changed from "\$10 Copay" to "**\$20 Copay**"
- The X-Ray benefit has changed from "\$40 Copay" to "**\$55 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$150 Copay" to "**\$200 Copay**"
- The following benefits have changed from "\$350 Copay per day - 5 days max" to "**\$400 Copay** per day - 5 days max":
 - In-Patient Hospital Services
 - Maternity and Newborn Care
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$200 Copay (waived if admitted)" to "**\$350 Copay** (waived if admitted)"
- The Home Health Care benefit has changed from "\$10 Copay, 100 visits max per year" to "**\$15 Copay**, 100 visits max per year"
- The Skilled Nursing Facility benefit has changed from "\$200 Copay, 100 days max per benefit period" to "\$200 Copay **per day - 5 days max**, 100 days max per benefit period"
- The In-Patient Mental Health and Drug/Substance Abuse (Detox Only) benefits have changed from "\$150 Copay per day - 5 days max" to "**\$400 Copay** per day - 5 days max"

Sharp Health Plan - Continued

Sharp Health Plan Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “9,950/\$19,900” to “**\$9,850/\$19,700**”
- The following benefits have changed from "\$50 Copay" to "**\$40 Copay**":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The Laboratory benefit has changed from “\$15 Copay” to “**\$20 Copay**”
- The X-Ray benefit has changed from “\$20 Copay” to “**\$50 Copay**”
- The MRI, CT and PET (office setting) benefit has changed from "\$275 Copay" to "**\$350 Copay**"

Sharp Health Plan Gold HMO B

- The Out-of-Pocket Maximum for individual/family has changed from “9,950/\$19,900” to “**\$9,900/\$19,800**”
- The following benefits have changed from "\$40 Copay" to "**\$30 Copay**":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The following benefits have changed from "\$60 Copay" to "**\$50 Copay**":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The Laboratory benefit has changed from “\$15 Copay” to “**\$20 Copay**”
- The MRI, CT and PET (office setting) benefit has changed from "\$250 Copay" to "**\$300 Copay**"
- The following benefits have changed from “75%” to "**65%**”
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - Out-Patient Physician Fees
- The Home Health Care benefit has changed from "\$40 Copay, 100 visits max per year" to "**\$30 Copay**, 100 visits max per year"

Sharp Health Plan - Continued

- The Skilled Nursing Facility benefit has changed from "\$25 Copay per day, 100 days max per benefit period" to "**\$200 Copay per day - 5 days max**, 100 days max per benefit period"

Sharp Health Plan Gold HMO D

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,500/\$19,000" to "**\$9,550/\$19,100**"
- The following benefits have changed from "\$35 Copay" to "**\$30 Copay**":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The Laboratory benefit has changed from "\$15 Copay" to "**\$20 Copay**"
- The X-Ray benefit has changed from "\$55 Copay" to "**\$60 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$175 Copay" to "**\$300 Copay**"
- The following benefits have changed from "\$1,500 Copay" to "\$1,500 Copay **per day - 5 days max**":
 - In-Patient Hospital Services
 - Maternity and Newborn Care
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$300 Copay (waived if admitted)" to "**\$400 Copay** (waived if admitted)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$600 Copay" to "**\$650 Copay**"
- The Home Health Care benefit has changed from "\$35 Copay, 100 visits max per year" to "**\$30 Copay**, 100 visits max per year"
- The Skilled Nursing Facility benefit has changed from "\$175 Copay, 100 days max per benefit period" to "**\$200 Copay per day - 5 days max**, 100 days max per benefit period"
- The In-Patient Mental Health and Drug/Substance Abuse (Detox Only) benefits have changed from "\$750 Copay" to "\$750 Copay **per day - 5 days max**"

Sharp Health Plan Silver HMO A

- The Calendar Year Deductible has changed from "\$2,600/\$5,200 (applies to Max OOP)" to "**\$3,250/\$6,500** (applies to Max OOP)"

Sharp Health Plan - Continued

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,950/\$19,900" to "**\$10,750/\$21,500**"
- The following benefits have changed from "\$45 Copay (ded waived)" to "**\$50 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The Laboratory benefit has changed from "\$15 Copay" to "**\$20 Copay**"
- The X-Ray benefit has changed from "\$55 Copay" to "**\$70 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$300 Copay" to "**\$400 Copay**"
- The In-Patient Hospital Services benefit has changed from "\$975 Copay per day" to "\$975 Copay per day - **5 days max**"
- The Specialty prescription benefit has changed from "\$300/\$600 Ded - 80% (up to \$250 per prescription)" to "\$300/\$600 Ded - **70%** (up to \$250 per prescription)"
- The Maternity and Newborn Care and In-Patient Maternity benefits have changed from "\$720 Copay per day" to "\$720 Copay per day - **5 days max**"
- The Home Health Care benefit has changed from "\$45 Copay (ded waived), 100 visits max per year" to "**\$50 Copay** (ded waived), 100 visits max per year"
- The Skilled Nursing Facility benefit has changed from "\$25 Copay per day, 100 days max per benefit period" to "**\$200 Copay per day - 5 days max**, 100 days max per benefit period"
- The In-Patient Mental Health and Drug/Substance Abuse (Detox Only) benefits have changed from "\$90 Copay per day" to "\$90 Copay per day - **5 days max**"

Sharp Health Plan Silver HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,950/\$19,900" to "**\$10,700/\$21,400**"
- The following benefits have changed from "\$40 Copay (ded waived)" to "**\$50 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)

Sharp Health Plan - Continued

- Postnatal
- The following benefits have changed from "\$60 Copay (ded waived) " to "**\$70 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The Laboratory benefit has changed from "\$15 Copay" to "**\$20 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$225 Copay" to "**\$350 Copay**"
- The Specialty prescription benefit has changed from "\$300/\$600 Ded - 80% (up to \$250 per prescription)" to "\$300/\$600 Ded - **70%** (up to \$250 per prescription)"
- The Home Health Care benefit has changed from "\$40 Copay (ded waived), 100 visits max per year" to "**\$50 Copay** (ded waived), 100 visits max per year"

Sharp Health Plan Silver HMO C

- The Calendar Year Deductible has changed from "\$3,150/\$6,300 (applies to Max OOP)" to "**\$3,350/\$6,700** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$9,950/\$19,900" to "**\$10,750/\$21,500**"
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$70 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The following benefits have changed from "\$70 Copay (ded waived)" to "**\$75 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - Urgent Care
 - 2nd Surgical Opinion
 - Chronic Disease Management
- The MRI, CT and PET (office setting) benefit has changed from "\$300 Copay" to "**\$400 Copay**"
- The Specialty prescription benefit has changed from "80% (up to \$250 per prescription) (overall ded waived)" to "**70%** (up to \$250 per prescription) (overall ded waived)"
- The Home Health Care benefit has changed from "\$55 Copay (ded waived), 100 visits max per year" to "**\$70 Copay** (ded waived), 100 visits max per year"

Sharp Health Plan - Continued

Sharp Health Plan Bronze HMO A

- The Calendar Year Deductible has changed from "\$7,600/\$15,200 (applies to Max OOP)" to "**\$7,800/\$15,600** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$8,500/\$17,000" to "**\$10,800/\$21,600**"
- The following benefits have changed from "\$55 Copay" to "**\$50 Copay**":
 - Dr. Office Visits (PCP)
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
 - Postnatal
- The Laboratory benefit has changed from "\$15 Copay" to "**\$20 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$175 Copay" to "**\$400 Copay**"
- The In-Patient Hospital Services benefit has changed from "\$1,500 Copay per day - 3 days max" to "\$1,500 Copay per day - **5 days max**"
- The Emergency Room benefit has changed from "\$500 Copay (waived if admitted)" to "**\$750 Copay** (waived if admitted)"
- The Formulary Brand prescription benefit has changed from "\$60 Copay (overall ded waived)" to "**\$35 Copay** (overall ded waived)"
- The Non-Formulary Brand prescription benefit has changed from "\$100 Copay (overall ded waived)" to "**\$70 Copay** (overall ded waived)"
- The Maternity and Newborn Care and In-Patient Maternity benefits have changed from "\$800 Copay per day - 3 days max" to "\$800 Copay per day - **5 days max**"
- The Home Health Care benefit has changed from "\$55 Copay, 100 visits max per year" to "**\$50 Copay**, 100 visits max per year"
- The In-Patient Mental Health and Drug/Substance Abuse (Detox Only) benefits have changed from "\$125 Copay per day - 3 days max" to "\$125 Copay per day - **5 days max**"

Sharp Health Plan Bronze HMO B

- The Calendar Year Deductible has changed from "\$6,200/\$12,400 (combined Med/Rx ded) (applies to Max OOP)" to "**\$6,600/\$13,200** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,250/\$14,500" to "**\$8,500/\$17,000**"

Sutter Health Plan

Sutter Health Plan Platinum HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,500/\$9,000" to **"\$5,000/\$10,000"**
- The following benefits have changed from "\$20 Copay" to **"\$25 Copay"**:
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Formulary Brand prescription
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The following benefits have changed from "\$30 Copay" to **"\$40 Copay"**:
 - Specialist Visit (SPC)
 - 2nd Surgical Opinion
 - Non-Formulary Brand prescription
- The X-Ray benefit has changed from "\$30 Copay per procedure" to **"\$35 Copay per procedure"**
- The MRI, CT and PET (office setting) benefit has changed from "\$100 Copay per procedure" to **"\$150 Copay per procedure"**
- The following benefits have changed from "\$250 Copay per day - 5 days max per admit" to **"\$300 Copay per day - 5 days max per admit"**:
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$150 Copay (waived if admitted)" to **"\$250 Copay (waived if admitted)"**
- The Generic prescription benefit has changed from "\$5 Copay" to **"\$10 Copay"**
- The Out-Patient Physician Fees benefit has changed from "\$25 Copay" to **"\$35 Copay"**

Sutter Health Plan Gold HMO A

- The Out-of-Pocket Maximum for individual/family has changed from "\$5,000/\$10,000" to **"\$5,850/\$11,700"**

Sutter Health Plan Gold HMO B

- The Calendar Year Deductible has changed from "\$250/\$500 (applies to Max OOP)" to **"\$325/\$650 (applies to Max OOP)"**
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,800/\$15,600" to **"\$8,600/\$17,200"**

Sutter Health Plan - Continued

- The following benefits have changed from "\$35 Copay (ded waived)" to "**\$40 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Laboratory
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - X-Ray
 - 2nd Surgical Opinion
- The MRI, CT and PET (office setting) benefit has changed from "\$250 Copay per procedure" to "**\$350 Copay** per procedure"
- The Emergency Room benefit has changed from "\$250 Copay (waived if admitted)" to "**\$300 Copay** (waived if admitted)"
- The Formulary Brand prescription benefit has changed from "\$40 Copay (overall ded waived)" to "**\$50 Copay** (overall ded waived)"
- The Skilled Nursing Facility benefit has changed from "\$300 Copay per day - 5 days max per admit, 100 days max per benefit period" to "**\$500 Copay** per day - 5 days max per admit, 100 days max per benefit period"
- The Out-Patient Physician Fees benefit has changed from "\$35 Copay (ded waived)" to "**\$50 Copay** (ded waived)"

Sutter Health Plan Gold HMO C

- The Calendar Year Deductible has changed from "\$1,700/\$3,400/\$3,400 (combined Med/Rx ded) (applies to Max OOP)" to "**\$1,750/\$3,500/\$3,500** (combined Med/Rx ded) (applies to Max OOP)"

Sutter Health Plan Silver HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,750/\$17,500" to "**\$9,200/\$18,400**"
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy

Sutter Health Plan - Continued

- Rehabilitative & Habilitative Services and Devices
- Out-Patient Mental Health (office visit)
- Out-Patient Drug/Substance Abuse (office visit)
- The following benefits have changed from "65%" to "**60%**":
 - In-Patient Hospital Services
 - Emergency Room
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center
 - Ambulance Services
 - Chemotherapy
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The following benefits have changed from "65% (ded waived)" to "**60%** (ded waived)":
 - In-Patient Physician Fees
 - Durable Medical Equipment
 - Out-Patient Physician Fees
- The Generic prescription benefit has changed from "\$19 Copay (ded waived)" to "**\$20 Copay** (ded waived)"
- The Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$85 Copay" to "**\$350/\$700 Ded - \$90 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$110 Copay" to "**\$350/\$700 Ded - \$110 Copay**"
- The Specialty prescription benefit has changed from "\$300/\$600 Ded - 70% (up to \$250 per prescription)" to "**\$350/\$700 Ded - 70%** (up to \$250 per prescription)"
- The Diabetes – Self-Injectable prescription benefit has changed from "\$300/\$600 Ded - Applicable Rx Copay" to "**\$350/\$700 Ded - Applicable Rx Copay**"
- The Skilled Nursing Facility benefit has changed from "65%, 100 days max per benefit period" to "**60%**, 100 days max per benefit period"

Sutter Health Plan Silver HMO C

- The Calendar Year Deductible has changed from "\$2,800/\$3,400/\$5,600 (combined Med/Rx ded) (applies to Max OOP)" to "**\$3,100/\$3,500/\$6,200** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$8,000/\$16,000" to "**\$8,950/\$17,900**"
- The X-Ray benefit has changed from "\$15 Copay per procedure" to "**\$30 Copay** per procedure"

Sutter Health Plan - Continued

- The Non-Formulary Brand prescription benefit has changed from “\$80 Copay (combined Med/Rx ded)” to “**75% (up to \$250 per prescription)** (combined Med/Rx ded)”

Sutter Health Plan Bronze HMO A

- The Out-of-Pocket Maximum for individual/family has changed from “\$9,800/\$19,600” to “**\$11,650/\$23,300**”
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from “\$95 Copay” to “**\$100 Copay**”

Sutter Health Plan Bronze HMO B

- The Calendar Year Deductible has changed from “\$7,200/\$14,400 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,800/\$15,600** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,200/\$14,400” to “**\$7,800/\$15,600**”

UnitedHealthcare

UnitedHealthcare Platinum HMO A, HMO C and HMO H

- The Out-of-Pocket Maximum for individual/family has changed from “\$4,000/\$8,000” to “**\$6,900/\$13,800**”
- The Generic prescription benefit has changed from “Tier 1 Non-specialty \$5 Copay/Tier 1 Specialty \$5 Copay” to “**Tier 1 Non-specialty \$10 Copay/Tier 1 Specialty \$10 Copay**”

UnitedHealthcare Platinum HMO B, HMO M and HMO N

- The Out-of-Pocket Maximum for individual/family has changed from “\$2,500/\$5,000” to “**\$4,900/\$9,800**”
- The Generic prescription benefit has changed from “Tier 1 Non-specialty \$5 Copay/Tier 1 Specialty \$5 Copay” to “**Tier 1 Non-specialty \$10 Copay/Tier 1 Specialty \$10 Copay**”
- The Formulary Brand prescription benefit has changed from “Tier 2 Non-specialty \$20 Copay/Tier 2 Specialty \$150 Copay” to “**Tier 2 Non-specialty \$30 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “Tier 3 Non-specialty \$50 Copay/Tier 3 Specialty \$250 Copay” to “**Tier 3 Non-specialty \$60 Copay/Tier 3 Specialty \$250 Copay**”

UnitedHealthcare Platinum HMO E, HMO G and HMO I

- The Out-of-Pocket Maximum for individual/family has changed from “\$3,000/\$6,000” to “**\$5,900/\$11,800**”
- The Generic prescription benefit has changed from “Tier 1 Non-specialty \$5 Copay/Tier 1 Specialty \$5 Copay” to “**Tier 1 Non-specialty \$10 Copay/Tier 1 Specialty \$10 Copay**”

UnitedHealthcare Gold HMO A, HMO B and HMO L

- The Out-of-Pocket Maximum for individual/family has changed from “\$7,600/\$15,200” to “**\$7,700/\$15,400**”
- The Generic prescription benefit has changed from “Tier 1 Non-specialty \$15 Copay/Tier 1 Specialty \$15 Copay (ded waived)” to “**Tier 1 Non-specialty \$20 Copay/Tier 1 Specialty \$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit has changed from “\$100/\$200 Ded - Tier 2 Non-specialty \$50 Copay/Tier 2 Specialty \$150 Copay” to “**\$150/\$300 Ded - Tier 2 Non-specialty \$50 Copay/Tier 2 Specialty \$150 Copay**”
- The Non-Formulary Brand prescription benefit has changed from “\$100/\$200 Ded - Tier 3 Non-specialty \$100 Copay/Tier 3 Specialty \$250 Copay” to “**\$150/\$300 Ded - Tier 3 Non-specialty \$100 Copay/Tier 3 Specialty \$250 Copay**”

UnitedHealthcare - Continued

- The Specialty prescription benefit has changed from “\$100/\$200 Ded - Tier 4 Specialty 75% (up to \$250 per prescription)” to “**\$150/\$300 Ded** - Tier 4 Specialty 75% (up to \$250 per prescription)”

UnitedHealthcare Gold HMO F, HMO G and HMO M

- The In-Patient Hospital Services and Maternity benefits have changed from “\$700 Copay per day - 5 days max per admit” to “**\$600 Copay** per day - 5 days max per admit”

UnitedHealthcare Gold HMO H, HMO J and HMO N

- The Out-of-Pocket Maximum for individual/family has changed from “\$8,000/\$16,000” to “**\$7,700/\$15,400**”
- The Generic prescription benefit has changed from “Tier 1 Non-specialty \$15 Copay/Tier 1 Specialty \$15 Copay (ded waived)” to “**Tier 1 Non-specialty \$20 Copay/Tier 1 Specialty \$20 Copay** (ded waived)”
- The Formulary Brand prescription benefit has changed from “\$100/\$200 Ded - Tier 2 Non-specialty \$50 Copay/Tier 2 Specialty \$150 Copay” to “**\$150/\$300 Ded** - Tier 2 Non-specialty \$50 Copay/Tier 2 Specialty \$150 Copay”
- The Non-Formulary Brand prescription benefit has changed from “\$100/\$200 Ded - Tier 3 Non-specialty \$100 Copay/Tier 3 Specialty \$250 Copay” to “**\$150/\$300 Ded** - Tier 3 Non-specialty \$100 Copay/Tier 3 Specialty \$250 Copay”
- The Specialty prescription benefit has changed from “\$100/\$200 Ded - Tier 4 Specialty 75% (up to \$250 per prescription)” to “**\$150/\$300 Ded** - Tier 4 Specialty 75% (up to \$250 per prescription)”

UnitedHealthcare Silver HMO G

- The Calendar Year Deductible has changed from “\$2,500/\$5,000 (applies to Max OOP)” to “**\$2,800/\$5,600** (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$9,600/\$19,200” to “**\$10,800/\$21,600**”

Western Health Advantage

Western Health Advantage Platinum HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$4,500/\$9,000" to "**\$5,000/\$10,000**"
- The following benefits have changed from "\$20 Copay" to "**\$25 Copay**":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Formulary Brand prescription
 - Diabetes – Self-Injectable
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The following benefits have changed from "\$30 Copay" to "**\$40 Copay**":
 - Specialist Visit (SPC)
 - 2nd Surgical Opinion
 - Non-Formulary Brand prescription
- The X-Ray benefit has changed from "\$30 Copay" to "**\$35 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$100 Copay" to "**\$150 Copay**"
- The following benefits have changed from "\$250 Copay per day - Days 1-5" to "**\$300 Copay** per day - Days 1-5":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$150 Copay (waived if admitted)" to "**\$250 Copay** (waived if admitted)"
- The Generic prescription benefit has changed from "\$5 Copay" to "**\$10 Copay**"
- The Out-Patient Physician Fees benefit has changed from "\$25 Copay" to "**\$35 Copay**"

Western Health Advantage Platinum HMO C

- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$20 Copay" to "**\$40 Copay**"
- The X-Ray benefit has changed from "100%" to "**\$20 Copay**"
- The MRI, CT and PET (office setting) benefit has changed from "\$150 Copay" to "**\$300 Copay**"

Western Health Advantage - Continued

- The following benefits have changed from "100%" to "**\$500 Copay per admit**":
 - In-Patient Hospital Services
 - In-Patient Mental Health
 - In-Patient Drug/Substance Abuse (Detox Only)
 - In-Patient Maternity
- The Emergency Room benefit has changed from "\$150 Copay (waived if admitted)" to "**\$300 Copay** (waived if admitted)"
- The Out-Patient Surgical Facility and Ambulatory Surgery Center benefits have changed from "\$200 Copay" to "**\$300 Copay**"
- The Formulary Brand and Diabetes – Self-Injectable prescription benefits have changed from "\$30 Copay" to "**\$40 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$50 Copay" to "**\$60 Copay**"
- The Skilled Nursing Facility benefit has changed from "100%, 100 days max per benefit period" to "**\$500 Copay per day admit**, 100 days max per benefit period"

Western Health Advantage Gold HMO A

- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$40 Copay" to "**\$80 Copay**"

Western Health Advantage Gold HMO B

- The Calendar Year Deductible has changed from "\$250/\$500 (applies to Max OOP)" to "**\$325/\$650** (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$7,800/\$15,600" to "**\$8,600/\$17,200**"
- The following benefits have changed from "\$35 Copay (ded waived)" to "**\$40 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Laboratory
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Specialist Visit (SPC)
 - X-Ray
 - 2nd Surgical Opinion

Western Health Advantage - Continued

- The MRI, CT and PET (office setting) benefit has changed from "\$250 Copay" to "**\$350 Copay**"
- The Emergency Room benefit has changed from "\$250 Copay (waived if admitted)" to "**\$300 Copay** (waived if admitted)"
- The Formulary Brand and Diabetes – Self-Injectable prescription benefits have changed from "\$40 Copay (overall ded waived)" to "**\$50 Copay** (overall ded waived)"
- The Skilled Nursing Facility benefit has changed from "\$300 Copay per day - Days 1-5, 100 days max per benefit period" to "**\$500 Copay** per day - Days 1-5, 100 days max per benefit period"
- The Out-Patient Physician Fees benefit has changed from "\$35 Copay (ded waived)" to "**\$50 Copay** (ded waived)"

Western Health Advantage Gold HMO C

- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$40 Copay (ded waived)" to "**\$60 Copay** (ded waived)"

Western Health Advantage Gold HMO D

- The Calendar Year Deductible has changed from "\$2,900/\$3,400/\$5,800 (combined Med/Rx ded) (applies to Max OOP)" to "**\$3,300/\$3,500/\$6,600** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$4,800/\$9,600" to "**\$6,000/\$12,000**"

Western Health Advantage Silver HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$8,750/\$17,500" to "**\$9,200/\$18,400**"
- The following benefits have changed from "\$55 Copay (ded waived)" to "**\$60 Copay** (ded waived)":
 - Dr. Office Visits (PCP)
 - Urgent Care
 - Acupuncture
 - Physical, Occupational, Speech Therapy
 - Rehabilitative & Habilitative Services and Devices
 - Out-Patient Mental Health (office visit)
 - Out-Patient Drug/Substance Abuse (office visit)
- The following benefits have changed from "65%" to "**60%**":
 - In-Patient Hospital Services
 - Emergency Room
 - Out-Patient Surgical Facility
 - Ambulatory Surgery Center

Western Health Advantage - Continued

- Ambulance Services
- Chemotherapy
- In-Patient Mental Health
- In-Patient Drug/Substance Abuse (Detox Only)
- In-Patient Maternity
- The following benefits have changed from "65% (ded waived)" to "**60%** (ded waived)":
 - In-Patient Physician Fees
 - Durable Medical Equipment
 - Out-Patient Physician Fees
- The Generic prescription benefit has changed from "\$19 Copay (ded waived)" to "**\$20 Copay** (ded waived)"
- The Formulary Brand and Diabetes – Self-Injectable prescription benefits have changed from "\$300/\$600 Ded - \$85 Copay" to "**\$350/\$700 Ded - \$90 Copay**"
- The Non-Formulary Brand prescription benefit has changed from "\$300/\$600 Ded - \$110 Copay" to "**\$350/\$700 Ded - \$110 Copay**"
- The Specialty prescription benefit has changed from "\$300/\$600 Ded - 70% (up to \$250 per 30 day supply)" to "**\$350/\$700 Ded - 70%** (up to \$250 per 30 day supply)"
- The Skilled Nursing Facility benefit has changed from "65%, 100 days max per benefit period" to "**60%**, 100 days max per benefit period"

Western Health Advantage Silver HMO C

- The Calendar Year Deductible has changed from "\$3,200/\$3,400/\$6,400 (combined Med/Rx ded) (applies to Max OOP)" to "**\$3,200/\$3,500/\$6,400** (combined Med/Rx ded) (applies to Max OOP)"
- The Out-of-Pocket Maximum for individual/family has changed from "\$8,300/\$16,600" to "**\$8,700/\$17,400**"
- The Chiropractic benefit has changed from "\$100%, 20 visits max per year" to "**Not Covered**"
- The Acupuncture benefit has changed from "100%" to "**75%**"
- The Hospice benefit has changed from "75%" to "**100%**"
- The Adult Vision Exam has changed from "Yes with VSP Provider" to "**Not Covered**"

Western Health Advantage Bronze HMO B

- The Out-of-Pocket Maximum for individual/family has changed from "\$9,800/\$19,600" to "**\$11,650/\$23,300**"
- The Specialist Visit (SPC) and 2nd Surgical Opinion benefits have changed from "\$95 Copay" to "**\$100 Copay**"

Western Health Advantage - Continued

Western Health Advantage Bronze HMO C

- The Calendar Year Deductible has changed from “\$7,200/\$14,000 (combined Med/Rx ded) (applies to Max OOP)” to “**\$7,800/\$15,600** (combined Med/Rx ded) (applies to Max OOP)”
- The Out-of-Pocket Maximum for individual/family has changed from “\$7,200/\$14,000” to “**\$7,800/\$15,600**”

The benefits listed in this brochure were collected from all plans participating in the CaliforniaChoice® Program and are accurate to the best of our knowledge at the time of print. If the information in this brochure differs from the information in the SBC (Summary of Benefits and Coverage), EOC (Evidence of Coverage) or COI (Certificate of Insurance), the EOC or COI applies.

Each plan offered in the CaliforniaChoice Program meets the requirements of the Affordable Care Act (ACA).

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